

§2137. Executive Lobbying Expenditure Report

**EXECUTIVE LOBBYING EXPENDITURE REPORT
FORM 587**

• COVERING JANUARY 1 - JUNE 30, _____ - DUE AUGUST 15

• COVERING JANUARY 1 - DECEMBER 31, 2008 DUE FEBRUARY 15

Mail to: The Board of Ethics, 3415 Quail Drive, Third Floor, Baton Rouge, LA 70808
OR
Fax to: (225) 763-8787 or (225) 763-8780

532
Executive Lobbying Registration No.

FOR OFFICE USE ONLY

Postmark:
Date 2/5/09
EAB-2/15/09

3072347

1. NAME Barron Tiffany R
Last First MI

NAME CHANGE _____
Last First MI

2. BUSINESS ADDRESS 17830 Chasefield Ave. Baton Rouge LA 70817
Street and No. City State Zip

MAILING ADDRESS _____
Street and No. City State Zip

3. BUSINESS PHONE 225-571-6540
Area Code and Phone Number

4. Total of all executive lobbying expenditures made January 1 through June 30: \$ 35.14
(Include expenditures from Schedules A and B)
5. Total of all executive lobbying expenditures made July 1 through December 30: \$ 14.94
(When Applicable) (Include expenditures from Schedules A and B)
6. Total of all executive lobbying expenditures made during calendar year: \$ 50.08
(Line 4 added to Line 5 should equal Line 6)

7. Did you make an expenditure exceeding \$50 on one occasion for an executive branch official:
- From January 1 through June 30? • Yes ☒ No ☒
- From July 1 through December 31? • Yes ☒ No ☒ • NA

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

8. Did you make expenditures exceeding the sum of \$250 for an executive branch official:
- From January 1 through June 30? • Yes ☒ No ☒
- From July 1 through December 31? • Yes ☒ No ☒ • NA

If the answer to either question in Number 8 above is YES, complete Schedule A and attach.

9. Did you expend funds for any reception, social gathering, or other function to which more than twenty-five executive branch officials were invited during this reporting period?

Yes • •

No • • ☒

If the answer to Number 9 above is YES, complete Schedule B and attach.

EXECUTIVE LOBBYING EXPENDITURE REPORT

532
Executive Lobbyist Registration No.

10. PROVIDE BELOW (a) the name of the executive branch department as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the department made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the department made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the department.

- 1) a. Name of Department: Medicaid Part
- b. Total of all expenditures made January 1 through June 30: \$ 35.14
- c. Total of all expenditures made July 1 through December 31:
(When applicable) \$ 14.94
- d. Total of all expenditures made during the calendar year: \$ 50.08
- 2) a. Name of Department: _____
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31:
(When applicable) \$ _____
- d. Total of all expenditures made during the calendar year: \$ _____
- 3) a. Name of Department: _____
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31:
(When applicable) \$ _____
- d. Total of all expenditures made during the calendar year: \$ _____

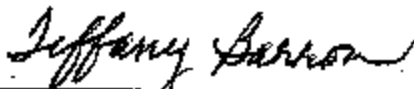
11. PROVIDE BELOW (a) the name of the executive branch department and the individual agency as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the agency made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the agency made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the agency.

- 1) a. Name of Department and Individual Agency: Medicaid Part
- b. Total of all expenditures made January 1 through June 30: \$ 35.14
- c. Total of all expenditures made July 1 through December 31:
(When applicable) \$ 14.94
- d. Total of all expenditures made during the calendar year: \$ 50.08

- 2) a. Name of Department and Individual Agency: _____
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31:
(When applicable) \$ _____
- d. Total of all expenditures made during the calendar year: \$ _____
- 3) a. Name of Department and Individual Agency: _____
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31:
(When applicable) \$ _____
- d. Total of all expenditures made during the calendar year: \$ _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.



Signature of Lobbyist